

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested
Classification::

Suggested Group Art
Unit::

CD-ROM or CD-R?: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?: NO

Computer Readable
Form (CRF)?:: NO

Number of copies of CRF:: 0

Title:: METHOD OF ENHANCING AN IMMUNE RESPONSE

Attorney Docket Number:: 7685-41

Request for Early
Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 41

Small Entity?: Yes

Latin Name::

Variety denomination
name::

Petition included?: No

Petition Type::

Licensed US Govt.
Agency::

Contract or Grant
Numbers::

Secrecy Order in
Parent Appl.?: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship
Country:: Canada

Status:: Full Capacity

Given Name:: WILFRED

Middle Name:: ARTHUR

Family Name:: JEFFERIES

Name Suffix::

City of Residence:: Surrey

State or Prov. Of
Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 12596 23rd Avenue

City of mailing address:: Surrey

State or Province of
mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of

mailing address::	V4A 2V5
Inventor Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	QIAN-JIN
Middle Name::	
Family Name::	ZHANG
Name Suffix::	
City of Residence::	Richmond
State or Prov. Of Residence::	British Columbia
Country of Residence::	CANADA
Street of mailing address::	9411 Williams Road
City of mailing address::	Richmond
State or Province of mailing address::	British Columbia
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	V7A 1G8
Inventor Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	SUSAN
Middle Name::	SHU-PING

Family Name::	CHEN
Name Suffix::	
City of Residence::	Vancouver
State or Prov. Of Residence::	British Columbia
Country of Residence::	CANADA
Street of mailing address::	7372 Maple Street
City of mailing address::	Vancouver
State or Province of mailing address::	British Columbia
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	V6P 5P7
Inventor Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	JUDIE
Middle Name::	BARBARA
Family Name::	ALIMONTI
Name Suffix::	
City of Residence::	Winnipeg
State or Prov. Of Residence::	Manitoba
Country of Residence::	CANADA

Street of mailing address:: 316-1730 St. Mary's Road

City of mailing address:: Winnipeg

State or Province of
mailing address:: Manitoba

Country of mailing address:: CANADA

Postal or Zip Code of
mailing address:: R2N 1G8

Correspondence Information

Correspondence Customer
Number:: 001059

Phone Number:: (416) 364-7311

Fax Number:: (416) 361-1398

E-Mail Address:: mgravelle@bereskinparr.com

Representative Information

**Representative
Customer Number:: 001059**

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part	08/817,731	07/21/97
08/817,731	371 of	PCT/CA95/00544	09/22/95
PCT/CA95/00544	Continuation-in-part	08/311,442	09/23/94

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed
------------------	---------------------------------	----------------------	-------------------------

Assignee Information

Assignee name:: The University of British Columbia

Street of mailing address:: Room 331-I.R.C. Building

City of mailing address:: Vancouver

State or Province of mailing address:: British Columbia

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: V6T 1Z3